

BOROUGH OF BLANDFORD FORUM

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR..... 1967

BOROUGH OF BLANDFORD.
MEMBERS OF THE PUBLIC HEALTH COMMITTEE.

CHAIRMAN..... Councillor G.O. Fry
VICE-CHAIRMAN..... Councillor Major A.N.Lane.

HIS WORSHIP THE MAYOR..... Councillor T. L. Hughes
(ex-officio)

COUNCILLORS:-

E.J. Millbank
M. Suffield.
J.O.R. Tupper.
A.G.H. Woodward.

MEMBERS OF THE HOUSING COMMITTEE.

CHAIRMAN..... Alderman E.G. Riggs

HIS WORSHIP THE MAYOR..... Councillor T.L. Hughes.

COUNCILLORS:-

A.W.G. Adams.
Mrs. G.F. Lane.
E.J. Millbank
M. Suffield.
Miss A.A. Williams.
A.G.H. Woodward.

STAFF OF THE PUBLIC HEALTH
DEPARTMENT

G.B. Hopkins, M.B., CH.B., B. PHARM., D.P.H.

holding appointments of:-

Senior County Medical Officer.	}	5/11th of time.
School Medical Officer		

Medical Officer of Health -	Borough of Blandford Forum.
Medical Officer of Health -	Blandford Rural District.
Medical Officer of Health -	Wimborne Minster Urban District.
Medical Officer of Health -	Wimborne and Cranborne Rural District

contributing roughly:-

Borough of Blandford Forum.....	1/5th day per week
Blandford Rural District.....	$\frac{1}{2}$ day per week
Wimborne Minster Urban District.....	$\frac{1}{3}$ day per week
Wimborne and Cranborne Rural District.....	1 3/5th day per week

PUBLIC HEALTH INSPECTOR:-

H.L. Birkett, M.R.S.H., M.P.H.I.A.

Dr. Noel Pearson of the North Dorset area very kindly acts as my deputy in an honorary capacity during my holidays.

Health Centre,
Rowlands Hill,
Wimborne Minster.
Dorset.

Mr. Mayor, Ladies and Gentlemen,

I present my Annual Report for 1967.

The list of notifiable diseases reveals only one which requires more than the fingers of one hand to enumerate and this may be of historic interest if measles vaccination becomes widespread. We may in future have the satisfaction of seeing the notifiable diseases either not mentioned at all or figuring in ones and twos.

There are those who maintain against all evidence that the more diseases are combatted the more equally bad diseases will take their place. The mortality and morbidity figures utterly refute this pessimistic and uninformed philosophy. Those few parents who nevertheless cling to this view are preserved from full retribution by the actions of the majority who have their children immunised, e.g. diphtheria is kept entirely at bay in the County of Dorset because about 80% of children are immunised against it. For ten years prior to the second World War about 2,500 children per year died of diphtheria in Gt. Britain.

The next probable development in immunisation of children is against German Measles for girls only. This promises to be the only way by which the occasional disaster of a congenitally malformed child from German Measles in early pregnancy can be prevented.

Passing from the very dependant age group of young children to the less dependant group of the elderly, the following lines are written in the hope of engaging the thoughtful attention of the Council.

We ought not to refer to anyone below 80 as aged, but the fact is that Society forces many people to retire at 65 years or earlier, and if not aged, they become enforcedly unproductive, and so 65 has become a convenient administrative dividing line between the young and the old.

In an area which attracts retired people problems posed by imbalance of the age structure of the population are likely to be worse than in districts not so favoured. It becomes doubly important therefore to study the national statistics in order to plan for the future.

It is a current misconception that the problem of the disproportionate numbers of the elderly has come about by the prolongation of life brought about by advances in medical science. In fact, this has had only a moderate influence, the death rate in persons over sixty-five having fallen only 22% during the last sixty years. The most significant reasons are firstly, the rising birth rates of the late nineteenth and early twentieth centuries, reaching a peak in the first decade of the twentieth century, the "bulge" thereby produced having now become an over sixty-five bulge, admittedly less decimated than of yore by reason of the falling death rates in the intervening younger ages. This has resulted in a large rise in absolute numbers of the over sixty-fives.

Secondly, the proportion of over sixty-fives has been further significantly increased by the marked fall in the birth rate subsequent to the first decade of this century, a fall which continued until after the second World War.

From 1841, when records began, to 1901, the population of England and Wales rose from about sixteen millions to about thirty-two millions with a fairly stable age structure, the proportion of over sixty-fives remaining throughout this period at about five per cent. It is now twelve per cent.

For those who declare that the young no longer are willing to care for their elders it is therefore appropriate to say that there are currently two and a half times as many over sixty-fives as there were in the nineteenth century, so we are doing far better than our forebears, or than people in the under-developed parts of the world who are said to have a culture which includes the care and support of the aged within the family, but who in fact have many less aged to care for. The total annual expenditure on social benefits for the over sixty-fives is estimated by the Office of Health Economics to probably exceed £1,650 millions already.

There are about six million persons over sixty-five years of age in England and Wales, the figure having risen from about one and a half million since the turn of the century. The dice are loaded against the males from conception onwards, especially in the young adult range, so that by the age of seventy-five years there are twice as many women as men.

One fifth of men, one half of women, and four out of every ten persons over sixty-five are widowed. About a quarter of over sixty-fives are alone, without spouse or children. There are three quarters of a million men and one and a half millions women over 75 years, and the proportion of over seventy-fives will increase by 39% over the 1961 figure of almost two million by 1981. There are nearly 350,000 people over 85 years of age, seven times as many as had attained this age at the beginning of the century. Ninety four per cent of over sixty-fives live in private households.

These numbers will inevitably increase for about another decade and will then slowly decline, reflecting the fall in the birth rate after 1910. The rise in the birth rate after the second World War will in turn be reflected in the absolute numbers of the over sixty-fives from about A.D. 2010 to A.D. 2050, the proportion depending upon the birth rate between now and then, if this falls, as is likely, then the proportion of over sixty-fives in the first half of the twenty-first century is likely to be very high again.

So it is imperative to develop new attitudes, for which the time is ripe, the problem does not represent a passing phase, and the nation will have a sufficiently large productive age group to carry the non-productive age groups, especially in view of the trend for married women to work and in view of the rapid rise in the number of the younger productive age groups as the swollen birth rate of the 1950's and 1960's takes effect.

Most local authorities have to date provided for rather narrowly defined cases of need ranging from those unable to cope independently and requiring full "hotel" provision in old persons' homes, through those requiring some unobtrusive supervision in small dwellings or flatlets with special provisions, to small independent dwellings without special features, but all orientated towards persons of very small means and having claims upon their local authority of the traditional council house tenant type.

This is rapidly becoming much too restricted a policy to cope with the size of the problem. Not only is it very desirable to provide a wider area of choice of residence and amenity, but it is becoming increasingly urgent to extend services to any elderly person, regardless of financial status; many need help. One envisages Local Authorities acting as an agency to provide help, advice and encouragement in the sphere of housing for elderly people, and building suitable premises for old people of varying means, many such premises having no element of subsidy, the tenants being entirely self supporting financially. It is illogical to allow to persist by default a system in which elderly people continue indefinitely to occupy a house which has become burdensome, though once suited to their needs; now too large or inconvenient, with a garden involving too much work and conditions slowly deteriorating, when that house would comfortably hold, and be maintained by, a family of five or six and the elderly people would be healthier and happier in much smaller premises specifically built and maintained for their needs, especially if it is largely the apathy of age and the inability to face the complications of moving which are the main inhibiting factors to such a move. Such suitable premises will not be built in anything like the required numbers unless Local Authorities tackle the job.

One area of housing which tends to have been provided so far only by voluntary organisations is that of the single bed sitting room, furnished by the tenant, numbering some half a dozen in a self-contained house, with a housekeeper to cope with the general running of the house and to provide one good cooked meal daily.

For all the great value of the Meals on Wheels service, can it really be argued indefinitely that if old people need meals to be provided, that the ultimate answer is to cook it elsewhere, often for a very different age group, and then let it suffer the inevitable deterioration during transportation, and deliver it twice a week but never at weekends?

The elderly figure rather prominently in that very small category of persons in this country who are undernourished. There are numerous reasons, for example the difficulty and expense of cooking a square meal for one, or even two, the planning, shopping and labour involved, and the deterioration in sense of taste and smell which impairs the palate and therefore the stimulus to make the effort. A good cooked meal daily would render nutritional deficiency most unlikely and would help to raise some elderly peoples' lives from the level of subsistence to which they all too often sink.

There are many elderly persons, the majority women, who lead a lonely existence on a small income, perhaps gravitating from a hotel in winter to a cheap guest house in summer, who are unwelcome when ill, and who are constantly worried about their future as prices rise and guest houses become more and more impossible to find, who are past caring fully for themselves and would welcome a bed sitting room for their own most treasured belongings, with one square meal a day and no administrative worries beyond paying a weekly rent. This class of person is growing and will grow more as pensions schemes mature and proliferate. The elderly man on his own is particularly well suited to the form of housing provision in which one good meal is provided in view of the notorious reluctance of the male to shop and cook. The necessity to provide for themselves at other meal times preserves initiative and avoids the sapping of individuality which goes with the full hotel or guest house existence even if this can be afforded.

District councils who provide welfare housing, including warden provision undoubtedly prolong the period of independence enjoyed by many elderly persons and are constantly faced with the difficulties inherent in this situation, that is, how to humanely effect the transfer of an old person who has become too frail, physically or mentally, to sustain an independent existence. Lengthy delay in achieving transfer leads to an excessive and unjustified burden being thrown upon the warden who can temporarily be called upon to become a chronic sick or mental nurse. The very success of the welfare housing and warden service leads to old folk being taken beyond the stage of suitability for a county council home and fully into the category of chronic sick or mental hospital case. If the latter services cannot rapidly relieve the housing authority of such an inappropriate burden then staff troubles and unpleasantness for other tenants inevitably occurs and valuable staff is likely to be lost. Such experiences have unfortunately occurred, and underline the urgent necessity for more hospital beds for such cases. The hospitals sometimes maintain that many cases needing straightforward nursing only do not need the full facilities provided by a hospital, and it has been suggested that here is an opportunity for a welcome liaison between local authorities and Regional Hospital Board in the joint provision of an institution half way between chronic sick hospital and old persons' home. This is a serious and mounting problem and demonstrates one facet of the need for more liaison between the three branches of the Health Service.

No discourse on housing for the elderly would be complete without mentioning its relevance to such problems as accidents in the home (eighteen fatal cases per day in Britain), loneliness, hypothermia, emotional disturbances especially associated with physical defects, osteo-arthritis, impaired balance, muscular weakness, diminution in acuity of special senses of sight, hearing and smell, chronic bronchitis and nutritional anaemias, but these are matters of detail inappropriate to my theme which is one of broad outlines, and I hope, food for thought.

There follows the report of the Public Health Inspector and the customary details and statistics.

J. B. Hopper

SUMMARY OF VITAL STATISTICS.

Area of the Borough..... 253 acres.
 Population as estimated by Registrar General - mid year....3,640
 Rateable value as at 1st April, 1967.....£158,561
 Estimated product of 1d rate on 1st April, 1967.....£604. 7. 10
 Estimated number of inhabited houses on the
 31st December, 1967.....1,278

AS SUPPLIED BY THE REGISTRAR GENERAL

<u>LIVE BIRTHS</u>	<u>MALES.</u>			<u>FEMALES.</u>		
	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
Live Births.....	40	40	-	34	30	4
Stillbirths.....	2	2	-	-	-	-

<u>DEATHS</u>	<u>MALES.</u>	<u>FEMALES.</u>
Number registered.	34	27

	<u>Blandford Borough</u>	<u>England & Wales.</u>	<u>Admin. County</u>
Standardised Birth rate.....	24	17.2	17.1
Standardised Death rate.....	13.1	11.2	10.2

COMPARABILITY FACTORS.

Births..... 1.18
 Deaths..... 0.78

SECTION A
Prevalence of Infectious and Other Diseases .

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Measles..... 60
 Tuberculosis..... 1
 Pneumonia..... 1

TUBERCULOSIS

At the end of the year the number of cases on the Tuberculosis Register was as follows:-

Pulmonary

Males..... 10
 Females..... 6

Non-Pulmonary

Males..... 1
 Females..... 1

VACCINATION AND IMMUNISATION
STATISTICS.

Poliomyelitis

Diphtheria. Tetanus. Whooping
Cough.

Smallpox

Oral. Salk.

3 doses.	R.	P.	R.	P.	R.	P.	R.	P.	R.	P.	R.
Basic C.											
77.	62.	-	-	81	118	82.	125	78.	59	64.	15

P.= Primary
 R.= Reinforcing dose

SECTION BAMBULANCE FACILITIES.

The Ambulance Service is provided by the Dorset County Council. Control is centralised in Dorchester and the service operates from Castleman House.

PUBLIC HEALTH LABORATORY

This is situated at Dorchester and provides an excellent free service for the bacteriological examination of human specimens, food, milk and water.

SERVICES PROVIDED IN THE HEALTH CLINIC, SALISBURY STREET.

Infant Welfare Clinics are held in the Health Clinic once a month together with numerous services provided, or assisted, by the County Council. These include the School Dental Service, Speech Therapy, Hearing Assessment and Tuition, Home Help Organiser, Family Planning, Cervical Cytology, the Registrar of Births and Deaths, and Chiropody for old people.

SECTION C
STATISTICAL TABLES - 1967

CAUSES OF DEATHMALE.FEMALE.

10. Malignant neoplasm, stomach.....	1	-
11. Malignant neoplasm, lung, bronchus.....	2	-
12. Malignant neoplasm, breast.....	-	1
14. Other malignant and lymphatic neoplasms.....	3	3
16. Diabetes.....	-	1
17. Vascular lesions of nervous system.....	5	6
18. Coronary disease, angina.....	7	4
19. Hypertension with heart disease.....	-	1
20. Other heart disease.....	6	1
21. Other circulatory disease.....	2	3
24. Bronchitis.....	3	2
31. Congenital malformations.....	-	1
32. Other defined and ill-defined diseases.....	4	4
34. All other accidents.....	1	-

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REPORT OF CHIEF PUBLIC HEALTH INSPECTOR

Action taken under Acts
of Parliament

(a) Public Health Acts

Number of Informal Notices served	14
Number of Informal Notices complied with	10
Number of Statutory Notices served	4
Number of Statutory Notices complied with	2

(b) Housing Acts

Number of Statutory Notices served	Nil
Number of Statutory Notices complied with	Nil

(c) Number of unfit houses closed	1
Number of Unfit houses demolished	6
Number of families rehoused	1
Number of persons rehoused	1

(d) Factories Acts and Regulations

Number of Informal Notices served	3
Number of Informal Notices complied with	2
Number of Formal Notices served	Nil
Number of Formal Notices complied with	Nil

HOUSING ACT, 1957

Considerable progress has been made within the Borough during the past few years in demolishing and closing unfit houses and re-housing the families.

A survey of dwelling-houses in 1960 disclosed the fact that 60 houses in the Borough were considered unfit for human habitation. Thirty-two of these have since been officially represented to the Council and in each case Demolition or Closing Orders placed upon the properties.

The Clearance Area comprising of six dwelling-houses and out-buildings represented during 1965 was confirmed by the Ministry of Housing and Local Government. These houses were demolished during the year and work commenced on the building of three modern houses on the site.

OVERCROWDING

(a) Number of dwellings overcrowded at 31/12/67	2
Number of families therein	4
(b) Number of new cases	2
(c) Number of cases of overcrowding relieved	1
Number of persons involved	7
(d) Number of renewed cases of overcrowding	2

PUBLIC HEALTH INSPECTION OF AREA

Summary of Inspection and re-visits made in the course of routine work during the year 1967 by your public health inspector:-

PUBLIC HEALTH ACTS

Houses	121
Other premises	81
Housing Inspections	75

PUBLIC HEALTH ACTS (continued)

Infectious Diseases	0
Markets	26
Factories	8

Food Inspections:-

Meat inspection	4
Cafes	18
Ice cream premises	20
Grocers	10
Butchers	17
Bakeries	3
Fried Fish	4
General	36

FOOD HYGIENE REGULATIONS

The number of food premises subject to the above Regulations are as follows:-

	Fitted with Washbasins	Premises to which Sec. 19 Applies	Premises complying with Sec.19
Bakers and confectioners 4	4	4	4
Butchers 6	6	6	6

FOOD HYGIENE REGULATIONS (continued)

	Fitted with Washbasins	Premises to which Sec.19 Applies	Premises complying with Sec.19
Fishmongers..... 2	2	2	2
Cafes..... 7	7	7	7
Fried Fish 3	3	3	3
Grocers.....15	15	14	14
Public Houses 12	12	12	12
Sugar confectionery..... 12	12	8	8

The Council is now proceeding to provide washbasins and sinks supplied with hot and cold water for market stallholders.

MEAT INSPECTION

The only slaughter house which was privately owned closed during the year 1962.

FOOD INSPECTION

The following foodstuffs were examined and found unfit for human consumption:

Canned cooked meats 126 lbs.

Canned fruit..... 72 lbs.

Meat 31 lbs.

NOISE ABATEMENT ACT

A number of complaints received by the Department during the year were in connection with excessive noise from pneumatic drills.

Statutory Authorities were written to, all of which are now muffling their drills with some success.

NOISE ABATEMENT ACT (continued)

A complaint was received regarding noise from heavy lorries using a railway yard during the early hours of the morning; a direct approach to the proprietors of the firm has resulted in some improvement in this respect.

REFUSE DISPOSAL

Successful negotiations with the Rural District Council have resulted in the two Councils using a joint tip where controlled tipping is now being carried out in accordance with the Ministry's recommendations.

Arrangements are also made for the disposal of bulky rubbish and derelict cars.

The old refuse tip is in process of being levelled off and covered with top soil.

CLEAN AIR ACT

No action necessary.

SEWAGE AND SEWAGE DISPOSAL

All houses with the exception of three are connected with the main sewage system.

COMMON LODGING HOUSES

There are no common lodging houses with the Borough.

PIGEONS

A number of complaints were received during the year regarding the damage caused by the large numbers of pigeons on buildings in the centre of the town.

The Pests Officer has endeavoured to reduce the numbers by traps on some buildings, but has only met with somewhat limited success.

RODENT CONTROL

Total number of visits made by Rodent Officer	330
Number of premises surveyed on notification.....	296
Number of premises surveyed under Act	127
Number of premises found to be infested with rats	45
Number of premises found to be infested with mice	32
Number of premises found to be infested with rats and mice	7

A large number of complaints were received from the public of wasps nests and ant infestations. All of these were effectively dealt with by the Pests Officer.

FACTORIES ACT, 1961Part 1 of the Act1 - INSPECTIONS

PREMISES	Number on REGISTER	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1	2	3	4	5
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	42	9	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	4	3	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total	46	12	-	-

2 - Cases in which DEFECTS were found

<u>PARTICULARS</u>	<u>Number of cases in which defects</u>				<u>Number of cases</u>
			<u>were found</u>		<u>in which prosecu-</u>
	<u>Found</u>	<u>Remedied</u>	<u>Referred</u>		<u>tions were</u>
			<u>To H.M.Insp.</u>	<u>By H.M.Insp.</u>	<u>instituted</u>
1	2	3	4	5	6
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	2	1	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-work)	-	-	-	-	-
Total	2	1	-	-	-

Part VIII of the ActOutwork
(Sections 133 & 134)

<u>Nature of Work</u>	<u>No. on List</u>	
Wearing apparel) Making etc. Cleaning and Washing	12	There were no cases of default in sending lists to the Council, no prosecutions for failure to supply lists, no instances of work in unwholesome premises, no notices served and no prosecutions.
Curtains and furniture hangings	3	
Total	15	



